

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Ries</i>	DATE <i>9-20-06</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000260</i>	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <i>9-27-06</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 10/6/06, letter attached.</i>	<input type="checkbox"/> Necessary Action		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT MAJORITY WHIP

COMMITTEES:
ARMED SERVICES
INTERNATIONAL RELATIONS
EDUCATION AND THE WORKFORCE
HOUSE POLICY

Congress of the United States
House of Representatives

September 19, 2006

Rog- Rios
"Robby's Sign"

COUNTIES:
AIKEN*
ALLENDALE
BARWELL
BEAUFORT
CALHOUN*
HAMPTON
JASPER
LEXINGTON
ORANGEBURG*
RICHLAND*
(*PARTS OF)
ERIC DELL
CHIEF OF STAFF

RECEIVED

SEP 20 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Robert M. Kerr
Director
SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

RE: Ms. Rhonda Blalock
SSN 251-43-7630

Dear Mr. Kerr,

I am writing to you on behalf of Rhonda who has contacted me regarding her health care. She has several chronic conditions. These conditions are not controlled due to the fact that she does not have any kind of health insurance. I have enclosed a signed Privacy Release allowing me to make this inquiry. Your kind assistance in helping her find some kind of medical care would be most appreciated

It is an honor to represent the people of the Second Congressional District, and I value your input.

Please respond to the Midlands District Office at 1700 Sunset Blvd., West Columbia, South Carolina 29169; Fax number 803-939-0078. Thank you for your time and concern in this and all other matters.

Yours very truly,

JOE WILSON
Member of Congress

JW/jmc
Enclosure

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
MAILING ADDRESS: P.O. BOX 7381
COLUMBIA, SC 29202
(803) 939-0041
FAX: (803) 939-0078

212 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4002
(202) 225-2452
FAX: (202) 225-2455
E-MAIL: joe.wilson@mail.house.gov
WEBSITE: www.house.gov/joewilson

LOWCOUNTRY OFFICE:
903 PORT REPUBLIC STREET
P.O. BOX 1538
BEAUFORT, SC 29901
(843) 521-2530
FAX: (843) 521-2536

JOE WILSON
2ND DISTRICT, SOUTH CAROLINA

ASSISTANT MAJORITY WHIP

COMMITTEES:
ARMED SERVICES

INTERNATIONAL RELATIONS

EDUCATION AND THE WORKFORCE

HOUSE POLICY

Congress of the United States

House of Representatives

SEP 14 2006

COUNTIES:
AIKEN*
ALLENDALE
BARNWELL
BEAUFORT
CALHOUN*
HAMPTON
HARTLEY
WASPER
LEXINGTON
ORANBURG*
RICHLAND*
(*PARTS OF)
ERIC DELL
CHIEF OF STAFF

Consent for Release of Personal Records by Executive Agencies

Name of Agency: Medical CARE NO/INS

To whom it may concern:

I have sought assistance from Congressman Joe Wilson on a matter that may require the release of information maintained by your agency, and which may be prohibited from dissemination under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss information involved in this case with Congressman Wilson or any authorized member of his staff until the matter is resolved.

Phonda Black MAY 3rd 1970
Name of Claimant- (Please Print) Date of Birth

210 Sycamore Court + Gaston, S.C. 29053
Address of Claimant

251-43-7630 863-955-3743
Social Security Number VA Claim # or OPM # (if applicable)

Telephone Number-Work

Telephone Number-Home

Phonda Black
Signature of Claimant

Sept. 14, 2006
Today's Date

Please briefly explain your concern: do not have
(use the back if necessary)

INS any kind medical help

I can get.

MIDLANDS OFFICE:
1700 SUNSET BLVD. (US 378), SUITE 1
WEST COLUMBIA, SC 29169
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FAX: (843) 521-2535

TOLL FREE 1-888-381-1442



State of South Carolina
Department of Health and Human Services

260 ✓

Mark Sanford
Governor

Robert M. Kerr
Director

October 6, 2006

Mrs. Rhonda Blalock
126 Suzanne Court
Gaston, SC 29053

Dear Mrs. Blalock:

Congressman Joe Wilson asked our agency to assist with your concerns regarding Medicaid eligibility and healthcare needs.

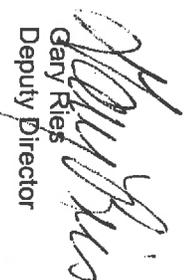
You are currently receiving Medicaid benefits through the Family Planning program that covers family planning and doctors visits that are related to family planning only. To qualify for full Medicaid coverage under a different category, you must meet financial and categorical requirements. We have enclosed information on our Aged, Blind, or Disabled program. This program is for disabled individuals whose income is under 100% of the Federal Poverty Level and who meet disability criteria. It appears you may be eligible based on your income; however, you must also meet resource guidelines and disability criteria. If you believe you may qualify for this program, please complete the enclosed application and return it to the Lexington County Medicaid Office. Their phone number is (803) 785-2975.

Another option is a Community Health Center. These facilities provide basic healthcare services to all residents in their coverage area without regard to income or insurance status. Their charges for medical services are based on your income. The center nearest you is Eau Claire Cooperative Health Center. Their telephone number is (803) 733-5969. Additionally, I encourage you to talk with your doctors about the possibility of getting assistance from the pharmaceutical companies that manufacture your medications and request samples of your prescription medications.

I have enclosed information on programs that may assist you in obtaining medical services, inpatient hospitalization and prescription medications at a reduced cost. These programs help individuals who don't qualify for Medicaid, have little or no insurance coverage, and cannot afford to pay for healthcare services.

I hope this information is helpful. Please contact Jennifer Dabbs at (803) 898-3965 if you have any questions.

Sincerely,


Gary Ries
Deputy Director

GR/jod
Enclosures

Medicaid Eligibility and Beneficiary Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2502 • Fax (803) 255-8235



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

October 9, 2006

Robert M. Kerr
Director

The Honorable Joe Wilson
United States House of Representatives
Midlands District Office
1700 Sunset Boulevard, Suite 1
West Columbia, South Carolina 29169

Dear Congressman Wilson:

Thank you for referring Mrs. Rhonda Blalock to our agency regarding her healthcare needs.

To qualify for Medicaid benefits, an individual needs to meet certain financial and categorical requirements. We have provided Mrs. Blalock with information on our Aged, Blind, or Disabled program and suggested that she apply for this program. This program is for disabled individuals whose income is 100% of the Federal Poverty Level.

We also mailed her information on a number of healthcare programs that may be able to assist with her medical and prescription needs.

Thank you for your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "R. M. Kerr".

Robert M. Kerr
Director

RMK/rod

Office of the Director

P.O. Box 8206 • Columbia, South Carolina 29202-8206
Phone (803) 898-2504 • Fax (803) 255-8235

LEGISLATIVE LOG #	0280	
LEGISLATOR/INQUIRER	Joe Wilson	
CONSTITUENT	Rhonda Blalock	
SSN	251-43-7630	
BC ASSIGNED LOG	Jacobs	
DATE REC'D BY AGENCY	9/20/2006	LOG LETTER DUE DATE 9/27/2006
DATE DRAFT DUE GR	9/26/2006	DATE REFERRED TO BC 9/21/2006

Brief Description of Issue/Problem	Date	Staff Person	Phone #	Action Taken
	9/21/2006	Jill	8-3936	Gave the log to Mark to distribute (3:15pm)
	9/21/2006	Jill	8-3936	Log given to Jenny
	9/22/2006	Jenny	8-3965	Spoke with Mrs. Blalock. She says her husband brings home a gross income of apx. \$800 every 2 weeks, but this varies. Mrs. Blalock does not work. Husband's income is the only income received. She suffers from high blood pressure, liver enzymes, arthritis, she is diabetic. She says the list goes on and on.
	9/22/2006	Jenny	8-3965	Folder given to Mark.
	9/27/2006	Mark		to Gary
	9/28/2006	Jan	8-2502	Reviewed and to Gary
	9/29/2006	Jan	8-2502	Back to Mark - Gary's ? - Don't we have her income info if she is receiving FP?
	10/2/2006	Mark		back to Jennifer - questions from gary
	10/3/2006	Jenny	8-3965	To Mark-Questions addressed. See income info. above. Income info. in MEDS is from last year. Annual Review is due. Our HIPAA form was requested per legal. They would prefer us to use our form.

CHECKLIST

Family Size	
Income/Resources	
Other Resources:	
Communicare	
FQHCs	
Free Medical Clinics	
Medicare	
MIAP	
Prescription Drug Programs	
Social Security	
Together Rx	

Programs:

ABD (32)	
Foster Children (31,60)	
General Hospital (14)	
HCBWS (15)	
LIF (59)	
MBCCP (71)	
Nursing Home (10)	
OSS (85,86)	
PHC (88)	
Pregnant Women & Infants (12,87)	
QMB (90)	
SILVERxCARD (92)	
SLMB (48,52)	
SSI (80)	
TEFRA (57)	
Transitional (11)	
Working Disabled (40)	

Instructions:

Jan creates new worksheet for each log by copying template into workbook & changing name of worksheet to proper log #.
 Each user finds log # on bottom tab & enters "date/action taken" in shaded cells. (Once entered, user must exit document.)
 If question about current status of a log letter, contact previous user.
 Jan & Linda will update upon each log's return and, as a log is closed, they will cut and paste each worksheet into the archive file.
 Path: GROUPS/Constituent Services/Log Letters & Transmittals/Aides for Creating-Tracking/Trackers-Tools/Excel Log Tracker

4EDHMS49 P S.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DATE: 09/22/06
 MEDSPROD HOUSEHOLD BUDGET GROUPS

HH NAME: BLALOCK RHONDA G PAGE: 0001
 HH NUMBER: 100489799 APL STATUS: ACTION TYPE: MAINTENANCE
 ACTION DATE: 01/04/05

S	NUMBER	CATEGORY	WORKER	CNTY	LOC	NEXT		LAST		BG STATUS
						REVIEW	REVIEW	REVIEW	REVIEW	
-	38639777	PHC	FTATE	32	002	10/25/2006	10/24/2005	10/24/2005	10/24/2005	ACTIVE
-	15668928	FP	TAKES	47	055	08/08/2006	08/08/2005	08/08/2005	08/08/2005	ACTIVE
-	15581465	PHC	FTATE	32	002	11/01/2005	10/04/2004	10/04/2004	10/04/2004	CLOSED
-	18671260	LIF	FTATE	32	002	12/07/2005				DENIED
-	38639763	LIF	FTATE	32	002	11/30/2005				DENIED

UPDATED: USER ID: CWHTT DATE: 08/08/05 SYSTEM ID: HMS5000 DATE: 01/04/05
 ME904675 HOUSEHOLD BUDGET GROUPS FOUND
 PF1->HELP PF3->HH MEMBERS PF5->BG DETERMINATION
 PF6->RETURN PF7->PREV PF8->NEXT PF10->PREV MENU PF17->ELD00